



PATENT
450100-03085

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Eiji KAWAI
Serial No. : 09/819,210
For : SALES ACTIVITY MANAGEMENT SYSTEM,
SALES ACTIVITY MANAGEMENT
APPARATUS, AND SALES ACTIVITY
MANAGEMENT METHOD
Filed : March 28, 2001
Examiner : Vig, Naresh
Art Unit : 3629

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Assistant Commissioner for Patents, Box AF,
Washington, DC 20231, on March 3, 2003

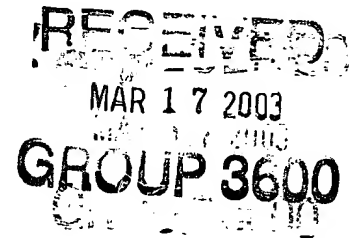
Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler
Signature

March 3, 2003

Date of Signature



AMENDMENT AFTER FINAL

Assistant Commissioner for Patents
BOX AF
Washington, D.C. 20231

Dear Sir:

In response to the outstanding Final Office Action dated December 3, 2002,
please amend this application as follows:



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MANAGEMENT APPARATUS, AND SALES ACTIVITY
MANAGEMENT METHOD
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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	25	Minus	** =26	* 0 x	\$18 (9)	= \$ 0
Independent claims	3	Minus	*** =4	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee, or Registered Representative

Gordon Kessler
Signature
March 3, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Gordon Kessler
Gordon Kessler
Reg. No. 38,511
Tel: 212-588-0800